

# Postgraduate cardiovascular disease training in India requires standardization



## Keywords:

Cardiology  
Fellowship training  
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Accreditation  
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I read with immense interest the article, “Time to revisit super-specialty training programs in cardiology in India: Thus sprach Zarathustra” by Dr. Talwar in the current issue of the *Journal*.<sup>1</sup> It is high time that cardiovascular disease training programs in India offer advanced training in various facets of cardiovascular medicine, as proposed by Dr. Talwar. In addition, it is quintessential that prior to implementation of advanced sub-specialty fellowship programs nationwide, program directors of various training programs put together a White Paper or a guideline document that comprehensively details graduation requirements for fellows-in-training during different stages of professional development. Having received postgraduate training in both India and the United States, I feel that standardization across training sites in India is the most crucial and pivotal step that is required to improve the quality of our graduating fellows nationwide. Some of the brightest and most hard-working cardiologists that I know have trained in India, and there is no doubt that the premier academic institutions in India produce the finest in the world. However, standardization is key to neutralize the variability of training in India as elucidated by Dr. Talwar. It is also what differentiates training in the West from training in India. In the United States, for example, the American College of Cardiology has been at the forefront of producing documents that serve as guideline metrics for all Accreditation Council for Graduate Medical Education-accredited programs. Termed the Core Cardiology Training Symposium (COCATS), these documents comprehensively assign levels of training for fellows to aim for proficiency in various sub-specialties of cardiovascular medicine, i.e. adult congenital heart disease, cardiovascular multi-modality imaging, electrophysiology, heart failure, invasive cardiology, preventive cardiology,

etc.<sup>2</sup> Standardization needs to be implemented in a stringent fashion, with programs required to submit annual reports, and be open to audit and feedback. This also needs to occur for exit examinations that should be delivered in a standardized testing format in the current era, with no room for subjectivity, taking leaf from the computer-based standardized American Board of Internal Medicine certification for sub-specialties in the United States. These measures will reassure our patients that the graduating cardiologists nationwide are meeting the minimum standards required to practice evidence-based cardiology.

## Conflicts of interest

The author has none to declare.

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# The story of 'STENT': From noun to verb



## Keywords:

Stent  
History  
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Verb

STENT. ...STENT. ...STENT. ... I heard this 5-letter word even before I became fellow in cardiology and now hearing almost daily from patients, relatives, and non-cardiology colleagues. What is the meaning of stent or from where this word has been originated? Is it a noun or verb and where it exactly fits in English literature? These all questions have prompted me to